



cc: SS
BAC
RMD

DISTRIBUTOR PROGRAM ORDER FORM

B1G1F PROMOTION #600895

FULL FLAVOR BOX

FULL FLAVOR MENTHOL BOX



PLEASE COMPLETE AND RETURN THIS FORM TO THE ROU BY NO LATER THAN **MARCH 6, 1996**

B.A. Cook

RJR MGR's NAME

Mc Lane NE
DIRECT ACCOUNT NAME

375878
SIS #

PRODUCT ARRIVAL DATE: 3/26/96 (BETWEEN 3/26 AND 3/29/96)

\$ EFT \$ X Non-EFT

DORAL FF BOX

UPC 12300-22362

34
(NUMBER/ 6M CASES)

3/26/ 96 DELIVERY DATE

DORAL FF MEN BOX

UPC 12300-23373

34
(NUMBER/ 6M)

3/26/ 96 DELIVERY DATE

PO # (IF REQUIRED): E-56625-01

SPECIFY ANY SPECIAL ORDERING / SHIPPING INSTRUCTIONS: _____

(FILL IN)

Quantity Needed	ITEM #		SKU Packing
<u>105</u>	<u>#508880</u>	<u>(C. Fair & D. Mart)</u> Doral Box Intro B1G1F Kit	1/Each

2/96

PO # E-56625-02

#6068-
0337

To #375878

51860 6098